

JUVENILE COURT OF MEMPHIS AND SHELBY COUNTY, TENNESSEE

PROTECTIVE SERVICES INFORMATION SHEET
FOR ATTORNEYS AND AGENCY REPRESENTATIVES

Name of Attorney: _____ Name of Agency: _____

Address: _____ Phone: _____ Zip Code: _____

Name and address of legal custodian: _____
_____ Phone: _____

Name and address of person(s) with whom child(ren) is/are residing: _____
_____ Phone: _____

Name and address of person(s) requesting custody: _____
_____ Phone: _____

Name of Child(ren)	Date of Birth	School	SSN#	Grade	Sex/Race
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Full names and addresses of parents of the above listed child(ren)

Mother: _____ Address: _____ SSN#: _____

Father: _____ Address: _____ SSN#: _____

Have any of these child(ren) been to Juvenile Court before? ☐ Yes ☐ No

Were the parents married? ☐ Yes ☐ No

Do these child(ren) receive welfare? ☐ Yes ☐ No

Does anyone receive child support for these children? ☐ Yes ☐ No

List all FULL names of children of the mother.

_____	_____
_____	_____
_____	_____